

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10797418  
APPLICANT(S)

FILED DATE 1-15-04

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							31								
2	1		1				32								
3		1		1			33								
4	<del>1</del>	<del>1</del>	<del>1</del>	<del>1</del>			34								
5	<del>1</del>	<del>1</del>	<del>1</del>	<del>1</del>			35								
6	1		1				36								
7	1		1				37								
8		1		1			38								
9	<del>1</del>	<del>1</del>	<del>1</del>	<del>1</del>			39								
10	<del>1</del>	<del>1</del>	<del>1</del>	<del>1</del>			40								
11	1		1				41								
12							42								
13		6		10			43								
14		6	1				44								
15	1		1				45								
16	<del>1</del>	<del>1</del>	<del>1</del>	<del>1</del>			46								
17	<del>1</del>	<del>1</del>	<del>1</del>	<del>1</del>			47								
18	<del>1</del>	<del>1</del>	<del>1</del>	<del>1</del>			48								
19	<del>1</del>	<del>1</del>	<del>1</del>	<del>1</del>			49								
20	1		1				50								
21		1		1											
22		1		1											
23	7		1												
24		1		1											
25		1		1											
26		1		1											
27		1		1											
28		1		1											
29		1		1											
30	1		1												
31		1		1											
32				1											
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46															
47															
48															
49															
50															
TOTAL IND.	8		9				TOTAL IND.								
TOTAL DEP.	23		13				TOTAL DEP.								
TOTAL CLAIMS	31		22				TOTAL CLAIMS								

BEST AVAILABLE COPY